1		PHYSI-	
/	CORD	d EXACTLY arly classifie tificate.	
DING	SMA INT H	ould be state may be proper	
MARGIN RESERVED FOR BINDING	IS IS A PE	ed. ACE she is so that it is structions or	
RESERVE	G INKTH	efuily suppliin plain term tant. See in	
MARGIN	H UNFADIN	or DEATH	
•	LICHTH	formation state CAUSE	
	WRITE PLACE WITH UNFADING INK-THIS IS A PERMACNT I CORD	BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
1 .00	7	BEver CIAI state	

PLACE OF DEATH	STATE OF MARYLAND
County Smull and	(31) 13542 CERTIFICATE OF DEATH
. 0 1	Registration Dist. No.
Village or City Lucl Low (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is steed of street an number.)
PERSONAL AND STATISTICAL PARTICULAR	JLARS MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)) (Month) (Day) (Year)
6 DATE OF BIRTH My - 2 / (Month) (Day)	17 I HEREBY CERTIFY, That I attended the deceased from 20 1923. to 20 1923. (Yesr) that I last saw h Dalive on 20 1923.
7 AGE 88 yrs. 0 mos. 5 ds	If LESS than and that death occurred on the date stated above, at 90, m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry	Cealus Hermeleys,
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Classic Secondary Class Syre Inos d
10 NAME OF FATHER ALLOWER.	(Signed) Serry O sulland M. I
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER DE PROPERTIES .	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW!	Where was disease contracted,
(Informant) Sm Adours	Former or usual residence
(Address) Swellow mo.	Marunes Md 1777, 103
Filed / 192 Cutter	Registrar John of Bradshaw respeld
If more bianks are needed, address	State Registrat 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day -Coal minc, etc. engineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Jetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature -American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Hearts failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Always qualify all Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATI

STATE OF MARYLAND—CERTIFICATE OF DEATH

(122-00)

TIEY. That I ettended daceased from Date of onset Was there an autopsy? Mul

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, seap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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3Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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1.00	

PLACE OF DEATH	STATE OF MARYLAND
County Somulus	CERTIFICATE OF DEATH Registration Dist. No. 26
Village or City Marion (No (No Corbo	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCEB (Write the word)	16 DATE OF DEATH 2 , 1923
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, Thet I attended the deceased from 1921. to MY 2 , 1921, thet I last saw halive on A. 1921,
7 AGE If LESS than day hrs. day hrs. or min.	and that death occurred on the dete stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work when we work with the particular kind of work with the work with	(Signed) A place of death? Contributory Contri
Filed /// D William Registrer	16 W. Seratora St., Balto., Requesting V. S. No. 1

13344

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed ," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation know without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) can be ascertained as the cause. Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic etc. The contributory valvular heart Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every tem of infor-Jo stated EXACTLY. PHYSICIANS Exact statement properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 13	345
1. PLACE OF	7			[10b·a]	
	Domarset			Registration Dist. No. 24	, 0
Village or Ci	ty Frincocc	Anne		No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of resid	dence in city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAM	ME Hoprae	Lowin	Hennis		
(a) Residence	ce: No.			St., Ward.	
DEDGON		(Usual place		If nonresident give city or town an	d State
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nov- 14 (Month) (Day)	., 193.J. (Year)
5a. If married, widows HUSBANO of	ad, or divorcad	_ 0			
(or) WIFE of			•	22. 1 HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (1	month day and year)	Sopt - 3	18 3/		; death is said
7. AGE Year		Oays	if LESS than	to have occurred on the date stated above, at 12: 00000000000000000000000000000000000	20, 000011 10 0010
		17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	,
8. Trade, profess	sion, or particular				Data of onset
	ork dona, as SPINNER, BOOKKEEPER, etc				
work was	ousiness in which dona, as SILK MILL, L, BANK, etc			3	
10. Date decease this occup		\$93	ima (years) nt in this upation	IOronchi +, g	(Oct 24
12. BIRTHPLACE (city	y or town) Trince		uea.	Other Coutributory Causes of Importance:	
(State or count	try)				** **********
13. NAME	hillip He	nnis			
14. BIRTHPLACE	(city or town)	ryland		Name of operation Date of	
(Stata or o	country)			What test confirmed diagnosis? Was there an	autopsy?_No_
15. MAIDEN NAM	ME Sallie	E Jack	200	23. If death was due to external causes (VIOLENCE) fill in also tha followin	ig:
	(city or town)	14190	&	Accident, suicide, or homicide? Oata of injury	, 19
≥ (State or	country)	0		Where did injury occur?(Specify city or town, county and Sta	ate)
17. INFORMANT	i hillip la	ennis		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PI	LACE.
18. BURIAL, CREMATI	TI.	N X	16 1931	Manner of Injury	
Place	later of the	harbate ///	194	Natura of injury	
19. UNOERTAKER _ /	Phoneis	s Que	us mel	24. Was disease or injury in any way related to occupation of deceasad?	
20. FILEO _ () f / 1.4.	U1931 C	Hims	Registrar.	(Signed) Close T. Mars mare	M, D.
	If more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	nec 7 198	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
			3	
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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BINDING

FOR

MARGIN RESERVED

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Cerebral hemorrhage	EUREAU V S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7
1. PLACE OF DEATH	(6)	
County) omerset	Registration Dist. No. 270	
Village or City. Crisfield N. 7 10	NoSt.,St.,St.,	Ward
Length of residence in city of town where death occurredyrs, mos.	How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME James Edward H	orsey	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Dey)	1 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decee	
6. DATE OF BIRTH (month, day, end yeer) June 3/93/	14-14-	19.7.1. eth is seid
7. AGE Yeers Months Days If LESS then	to have occurred on the dete steted above, et	Etii 13 2610
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance	
8. Trede, profession, or perticular kind of work done, as SPINNER,	were as follows:	te of onset
kind of work done, as SPINNER. Chone SAWYER, BOOKKEEPER, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Totel time (years) this occupation (month and		
SAW MILL, BANK, etc		
- Sport in this	Targuegal Destelore U	00. 12
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)	Bustle Juguery	
14. BIRTHPLACE (city or town) Crifical	J	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis?	sy?_Lo
15. MAIDEN NAME CURVE BELL	23. If deeth was due to externel causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Consect Bell 16. BIRTHPLACE (city or town) Promotor	Accident, suicide, or homicide? Date of Injury,	19
(State or country)	Where did injury occur?(S	
17. INFORMANT Curve Bell Horry (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Decompty Cand Date / 05/3, 19.3/	Nature of injury	
19. UNDERTAKER John a Brodston (Address)	24. Was diseese or injury in any way releted to occupetion of deceased?	L.D
20. FILED NOV. 15, 193 C. E. Collins Registrar.	(Signed) Sarah Pay for (Address) Chan Tall	M. D.
Registrat,	(nouliess)	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAN
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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Somment-	Registration Dist. No. 260
Village or City Hon Or Course my	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds, How long in U.S. if of foreign birth?
No. of	1/1 2008 = 1
2. FULL NAME NULL TON	Ct Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If somresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of General Janese	22. I HEREBY CERTIFY. That I attended deceased from 19
6. DATE OF BIRTH (month, day, end year)	1 last saw lı alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Dluck Mrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.	An Town
Kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Due on
9. Industry or business in which work was done, as SILK MILL, XONE SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:
(State or country)	
13. NAME herry Jam	
13. NAME RELIES 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ADd Con 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suiside, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT forther for acres for	Specify whether Injory occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Decem Date 1// 24, 1931	Manner of Injury
19. UNDERTAKER MM Jam	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify A
20, FILED 11-25, 193/ I Amil Registrar.	(Signed) Amal M. D. (Adjetess) Princess Curve
If more blanks are needed, address State Registrar	2ALL N. Charles Street Baltimore, Requesting 71, S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onest
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
I ay 1,1923	Gastroenteritis	1 year
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write Nonc. business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (b) Grocery,

Strtement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Whooping American Medical Association.) can be ascertained as the cause. . (name origin; "Cancer" is less definite; avoid cough; "Heart failure," "Iaemorrhage," Chronic etc. The contributory affection need valvular heart Nomenclature Always qualify all not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

PLACE OF DEATH

County	W. Old January	S CERTIFICATE OF DEATH
	44.00	Registration Dist. No. 76
	Mo. (No. / Kelluce	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of etreet as number.)
PERSONAL ANI	D STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLO	OR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Ordsself 2 mults Cusfandon 7 192 (Month) (Day) (Year)
6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended the deceased free
	m 27, 19	3/ 192 . to , 192
7 AGE		that I last saw halive on, 192
andreis 1)	HILESS Que day day	hrs. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession of particular kind of world		Wowel 4 mills Couffer
(b) General nature of i business, or establishmo- which employed or (em		(Duration) yie. moe da
9 BIRTHPLACE (State or country)	22 1/2	Contributory Secondary (Duration) yrs mos d
10 NAME OF FATHER	ley Kellman	(Signed) Duning Doublasse: M. E
OF FATHER Z (State or country)	On he	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	usir Bundio	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	m.	At place of deathyrsmosds. In the Stateyrsmosds.
	TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ilm	ly Tulinau	Former or usual residence
(Address) M	aron mall	19/PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed //177	12 Quella D. Jawes	a 20 ANDERTAKET ADDRESS MARIOUMA
If mor	e bianks are needed, address State Resi	istrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

3351) STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The materia 6 also (b) the The ques-Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." approved by (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measlee, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease cough; 'Congenital," "Senile," etc.), "Dropay,"," "Heart failure," "Haemorrhage," Committee on Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13351
County Somerse	Registration Dist. No. 268
Village or City Repress Onne	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
14.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME STEVEN SO Jan	
(a) Residence: No. House (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) 4 - 1931	I last saw hair alive on Nov 29 193/ deeth is said
.7. AGE Years Month Days If LESS than	In have occurred on the date stated above, at \$450m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER.	anglammeallo of tower
SAWYER, BOOKKEEPER, etc.	followed by Perifornies
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	<i></i>
10. Date deceased last worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Pruces dumble (State or country)	Other Contributory Causes of importance:
13. NAME Colorles have	
13. NAME Coffee Laural 14. BIRTHPLACE (city or town) Oriola Mul (State or country)	Name of operation
	What test confirmed diegnosis?
15. MAIDEN NAME Darry 3. abbott 16. BIRTHPLACE (city or town) Literana Med (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
17. INFORMANT alies abboth (Address) Newmann	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece	Neture of injury
19. UNDERTAKER Allelelele	24. Was disease or Injury in eny way releted to occupation of deceased?
20, FILED. MOV 30, 19 3 1 Propa Welster	(Signed) M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	6-118
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

, Example I			Example II	(
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I BEALD TOOL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUTTIE TE	July 5,1927	Peritonitis	3 days ago
	, , , , , , , , , , , , , , , , , , , ,			
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

IN RESERVED FOR BINDING

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MAKG	N. BWRITE PLAINLY, WITH UNFA	mation should be carefully supplied	CAUSE OF DEATH in plain terms.
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, i.	Z		

1. PLACE OF DEATH County Somered	Registration Dist. No. 24	1/0
Village or City Jylerton	No. Registration Dist. No. St.	Wand
	f death occurred in a hospital or institution, give its NAME instead of street and n	
c/	St., Ward.	
(a) Residence: No(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED-(write the word) Undowed	21. DATE OF DEATH Nov- (Month) (Day)	193./ (Yeer)
If merried, widowed, or divorced HUSBAND of (or) WIFE of B. 7. March	22. I HEREBY CERTIFY, That I attended of	leceased from
DATE OF BIRTH (month, dey, and year) 1842	Hast saw hr alive on May Differ 193 1	, deeth is said
AGE Years Months Days If LESS than 1 day, hrs or mig.	to have occurred on the deto stated above, at 9m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
8. Tredo, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Chronic neplentis	Date of onset
	Semilal	rns
SAW MILL, BANK, etc	no physician this illne	es.
(State or country) (State or country)	Other Contributory Causes of importance:	
13. NAME James Evans		
14. BIRTHPLACE (city or town) Janith Island	Neme of operation Date of	
(State or country)	What test confirmed diagnosis?	topsy?
15. MAIDEN NAME Machel Crans	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (riffred)	Accident, sulcide, or homicide? Date of injury Where did injury occur?	,
(Address) (ri) fred a mid	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
BURIAL, CREMATION, OR REMOVAL Place Ty lerton Date nov. 5, 193/	Manner of injury	
UNDERTAKER John a Bredstan (Address)	24. Was disease or injury in any way related to occupation of deceased?	rp-
, FILED Mov. 5, 1931 Carrie W Kitchin	(Signed) Lender (Address) Lendersell Du	М. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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* Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A V V V V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PEO 4 1003	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 3 1001	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 doys ogo
,		que ereg		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10000
County June	Registration Dist. No. 260
Village or City Tear Princes Que	NoSt,Ward [death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrs mos ds
2. FULL NAME Richard & Pose	
(a) Residence: No. Man Bancos Columb	of St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ATT 9 (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY, That i attended deceased from
0 1.0.000	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Leggest 7 7. AGE / Years Months Qays 11/LESS than	I last saw h; death is sale to have occurred on the date stated above, atm.
7. AGE 44 Years Months Oays 11 LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
/ d d ormin.	were es follows: Oate of onser
8. Trade, profession, or particular kind of work done, as SPINNER,	0 10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	From My Vary money
work was done, as SILK MILL, SAW MILL, BANK, etc.	(A. D. Cl. One to
10. Oate deceased lest worked at this occupation (month and spant in this	ton and such any full
year) occupation	word wall
12. BIRTHPLACE (city or town) Somerset	Other Contributory Causes of importance:
(State or country)	
13. NAME Jaseph & Poke.	
13. NAME Jaseful Core Tope 14. BIRTHPLACE (city or town) Prince of Quine	Name of operation You Date of
(State or country)	What test confirmed diagnosis? More was there an autopsy? We
IS. MAIDEN NAME Mury & Green	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Mary & Green Greens Complex)	Accident, sulcide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Jough, E. Jose, (Address)	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I runces a Muesto Nor 11, 1931	- Nature of Injury
E + Walana	24. Was disease er injury in any way related to occupation of deceased?
19. UNOERTAKER (O. U. / / / / / / (Address),	If so, specify
What a cold of	(Signed) A Stanch M.
20. FILEO 2// 1 1936 Registrar.	(Address) Dring Clean m
If more blanks are needed, address State Revisitar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I	1	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC A THE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	77	July 5, 1927	Peritonitis	3 days ago
	BURFAU			
	4			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Somewall	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Massey (No	Registration Dist. No. St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mar Hold Single, Married, Surgly OR DIVORCED (Write the word)	16 DATE OF DEATH 9 / 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 , 1
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	auf Die Heurs
which employed or (employer)	Contributory Secondary
9 BIRTHPLACE (State or country) Md,	(Duration)
FATHER Edun Long,	(Signed)
11 BIRTHPLACE OF FATHER Z KState or country)	*State the Disease Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Selser Brief	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease of death?
(Informant) Selser Drawell (Address) Marrow Mary	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nov 22, 1931
15 Filed 1/1/2/1 1931 Gurelia B. Fauxore Registrar	20 UNDERTAKER ADDRESS LOHN a Brodston Cinfill Ry
If more bianks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a to know For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer--Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping can be ascertained as the cause. American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY by cough; 9 9 Committee on "Heart failure," Chronic "Senile," etc.), "Drupey,
failure," "Haemorrhage, etc. valvular heart disease; Nomenclature Always qualify all The contributory "Dropsy,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Sourcest	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 269
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give lts NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 700 27 , 1981 (Mosth) (Day) (Year)
6 DATE OF BIRTH March, Ray, 1875 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 27 1981 to 100 27 4 1981 that I last saw head alive on May 27 4 1981
7 AGE 56 yrs. 8 mos. ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) / yrs mos > de
which employed or (employer) 9 BIRTHPLACE (State or country) Carlain, Co, Halytons	Contributory Mithet, Beging atians Secondary (Duration) yes mos. I do
10 NAME OF Jaliver Baylor. 11 BIRTHPLACE	(Signed) Dentey M. D. W. 27 4 193/ (Address) Origlef mil
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*Styte the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dout Theory.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents)
13 BIRTHPLACE OF MOTHER Caraleue Co May (State or country)	At place In the of deathyrsds. Stateyrsds Where was disease contracted,
(Informant) Make Soula	if not at place of dea.h?
(Address) ORiob md	Place of Burial OR REMOVAL DATE OF BURIAL Was 30, 1981
15 File Vau 30 1931 M & Brownett Registras	Homes & Dermis Crime Com 14
If more banks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Example I	and the last to	Example II	
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Chranic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritanitis	3 days ago
	£4.0 V. V. 1		
Other contributory causes of impor	tance:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Somersil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 268
Village or City WENONA, MD. (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1947 to 1922 (1922) that I last saw h alive on 1922 (1922)
7 AGE If LESS than I day hrs. or mos. de. or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: ### The CAUSE OF DEATH A was as follows:
(State or country)	Contributory CAN CAN DATE OF THE CONTRIBUTION
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) More, Country	iente or Recent Residents) At place
(Informant) Control of the BEST OF MY KNOWLEDGE (Address) Control of the BEST OF MY KNOWLEDGE (Address) 1144 1	where was disease if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DEALS ISLAND, MD. 20 UNDER/AKER () ADDRESS
Filed Nov 21 1981 Rusa Welsur Registrar If more bianks are needed, address State Registra	or, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincough; Chronic valvular etc. The contributory Nomenclature of the heart disease; not be

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DEC '

8. No. 1

	PLACE OF DEATH
	County Lomerse
Vil	llage or City Crisfield RNo. F.D.
	2 FULL NAME Omily 9, Wa
	PERSONAL AND STATISTICAL PARTICULARS
3 t	Lemale While (Write the word)
6 1	DATE OF BIRTH Sel 20 th (Month) (Day) , 1843 (Year)
7 /	If LESS than I day hrs. or min.?
(p	occupation a) Trade, profession or fourselses of work articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
_	(State or country) Jourses & Md.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Abuse of Co. Md.
PARE	12 MAIDEN NAME Elleu Jeler
	13 BIRTHPLACE OF MOTHER (State or Country) Somewhere Lond
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Fred Stard
	(Address) susselfed tilas

13360 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 270

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 20. , 1981
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased fro
1929/. to Un 20 , 192
that I last saw held alive on Mr 19. , 1929
and that death occurred on the date stated above, at 12 40H r
The CAUSE OF DEATH * was as follows:
acul Del 7 Neut.
Hymshto Oraciona.
(Duration)mosd
Contributory Cleric Out replaces
Clime myrcus (Arthron) 2 vre nos d
(Signed) Jungo & vullrum. M. I
m 20 19231 (Address) mallon
*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosd
Where was disease contracted, if not at place of dea.h?
Former or usual residence
I PALACE OF BURIAL OR REMOVAL PATE OF BURIAL NOV. 21, 1931
20 ON DERFAKER ADDRESS

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

Registrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
·	county Some rest	Registration Dist. No. 260
sho of	Village or City Trincase Anna (IF	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence In city or town where deeth occurred DR_yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds
	2. FULL NAME Taria Eligobeth Wa	ters
RECORD. PHYSI Exact stat	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
CO PHI ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E H	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowal	21. DATE OF DEATH OF COMMON (North) (Day) (Yeer)
4 1 8	15a. If married, widowed, or divorced HUSBAND of Rala Anthony B. Waters	1 HEREBY CERTIFY. Thet I attended deceased from
	6. DATE OF BIRTH (month, dey, and yeer) 1878	I last saw 4 an alive on Oct 31 , 1931; death is sai
IS A PE stated E properly certificate	7. AGE Years Months Deys If LESS then 1 day,hrs.	to heve occurred on the date steted above, at
be be of	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 12 mestical strength of the work was done, es SILK MILL, SAW MILL, BANK, etc 11 Total time (veers)	
NK—T] should it may n back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	THE SOLD ALL LINE
S sh t it	10. Date deceased lest worked at this occupetion (month end 1907 spant in this occupetion occupetion occupetion occupetion	r Joseph Tis
Se se cti	12. BIRTHPLACE (city or town) Iringess Anna ma	Other Contributory Causes of Importence:
UNFA ipplied terms,	# 13. NAME Lagaras Maddox	
0 = 4	14. BIRTHPLACE (city or town). The yland	Name of operation
TTH ly lain	(Otela of County)	Whet test confirmed diagnosis? Was there an eutopsy?_/\[\int \]
Y, WITH carefully 'H in pla ortant.	15. MAIDEN NAME Cudnoun	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
INLY, WI be careful EATH in p important.	16. BIRTHPLACE (city or town) 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Accident, suicide, or homicide? Dete of injury, 19
ABOV	17. INFORMANT Gaargia Jackson Waters	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
T .32	18. BURIAL, CREMATION, OR REMOVAL Plece West Stern Dete Nov 5, 19.31	Menner of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER James J. Damis (Address) Privas and	24. Was disease or Injury in eny wey releted to occupetion of deceased?
z T	20. FILED 11/1/ 1987 J. Duith Registrar.	(Signed) Glam F. Malds man M. (Address) Princeso June Md
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago
		1915 1921	Attack of epilepsy	
			Run over by street car	
Cerebral hemorrhage	RECEIVE	July 5,1927	Perilonitis	3 days ago
	DEC 7 1031			
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones	Ellenea	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH			10004
County	Scmerset		(s)	Registration Dist. No. 263
			(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. 9. if of foreign birth?
	Martha Wa			9"
(a) Residence:	ND.	(UsuaInlace	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL	AND STATISTI			MEDICAL CERTIFICATE OF DEATH
	COLOR OR RACE Black	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 15, 193 1 (Month) (Dey) (Year)
5a. If merried, widowed,	or divorced			(month) (bay) (feat)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (mor	nth, day, and yeer)	Nov. 15.	1931	I lest sew h; death is said
7. AGE Years	Months STILLBORN	Days	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
9 Industry or busi	n, or particular done, es SPINNER, DKKEEPER, etc			BORN DEAD ** PREMATURE BIOTH
- I ting occuponic	ne, as SILK MILL, ANK, etcst worked et on (month and	11. Total ti spar occu	me (years) nt in this upetion	
12. BIRTHPLACE (city or (State or country)	town)Md	******		Other Contributory Causes of importence:
13. NAME	Willie Br	own		
13. NAME 14. BIRTHPLACE (cit (State or cou	y or town)Md.			Neme of operation Dete of
	Lottie Wa	ters		What test confirmed diagnosis? Was there an eutopsy?
I	y or town)			23. If death was due to externel ceuses (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT(Address)				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION Plece Mt . \	, DR REMOVAL Jernon		.6/31 , 19	Menner of injury
19. UNDERTAKER(Address)		-stepfath	er	24. Wes diseese or injury In any way related to occupation of deceased? If so, specify
20. FILED 11/16	5/31, Steph	en O.Hopk	ins Registrar.	(Signed) John OI How How WAS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S./No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

RECEIVED 12/7/31 BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones E Z	May 1,1923		1 year
1			

I		CA	в.,		/	$\boldsymbol{\nu}$			
							0	1	-
	-			D:	MI.		2	0	0

Cour	W. J. J. S. bd. and blok lister and the Abunances	Registration Dist. No. 268
Village	or City DEALS ISLAND, MDNo.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8EX	4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH NOV 28 1931 , 192
6 DATE	OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
	(Month) (Day) (Yest)	that I last saw ho aller on alive on 192
7 AGE	40 yrs. 9 mos. 6 ds. or min.	s. The CAUSE OF DEATH * was as follows:
(a) T	rade, profession or Walling and	Organiz heart druks
(b) G	eneral nature of industry ess, or establishment in a employed or (employer)	(Durstion) yrs. f.pros. de
	HPLACE ate or country) DEALS ISLAND, MD.	Contributory Condery (Burstion)
1	NAME OF Jahra Webeler	(Signed) (Signed) M. E. M. C.
STN 3	DEALS ISLAND, MD. (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicids) or Homicidal.
C 12	MAIDEN NAME Savah Shores	18 LENGTH OF RESIDENCE (For Hospiteis, Institutions, Transients or Recent Residents)
	DEALS ISLAND, MD. (State or Country)	At place of death
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(11	(Address) DEALS ISLAND, MD.	DEALS ISLAND, MD DATE OF BURIAL DEALS ISLAND, MD 20129, 193
15 File	anora9 1921 Rosa Welster	20 UNDERTAKER ADDRESS DEALS ISLAND

WRITE PL

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CORD

BINDI PERM,

FOR

RESERVED

MARGIN

UNFADING INK--THIS

upplied. ACE should be stated EXACTLY, Reterms so that it may be properly classified.

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-(b) Automobile factory. The material Salesman, 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	0 1354
County Someret	Registration Dist. No. 270
Village or City Jamesonin mel	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs mos ds.
Langth of residence in city or town where death occurredyrs,	a
2. FULL NAME Many Jane Will	aus
(a) Residence: No. Affilia (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7
Temale Negro Widowas	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Welliam Welliams	22. THEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h 2 elive on Dicov, 30 ,193 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pm.
7/200 9 14 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	wero as rohows:
kind of work done, as SPINNER, Oyale SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the same time this securation (month and the same time time the same time time the same time time the same time time time time time time time ti	anuly me left side Im.
S. Industry or business in which work wes done, as SILK MILL,	Cerebral Kenntyvhuse
3 ND SAW MILL, BANK, etc. Dynes facte	
10. Date deceased last worked at this occupation (month and 1926) spent in this occupation.	
year) 1926 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) James Town	
(State or country)	
II 13. NAME Severy Street	
13. NAME Seven Survey 14. BIRTHPLACE (city or town) Lawrown Del	Name of operation
(otate of country)	What test confirmed diagnosis?
15. MAIDEN NAME Unline 16. BIRTHPLACE (city or town) Unline (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Unlessee	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did Injury occur?
17. INFORMANT George Welliams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 17 11 Date kill 2, 1931	Nature of Injury
19. UNDERTAKER COSON A Brookfair	24. Was disease or injury in any wey releted to occupation of deceased? 20
(Address)	If so, specify \\ \A\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Dec 2 31 - (Exollano)	(Signed) / Do Suthly M.D.
20. FILED TO 199 Registrar.	(Address) Verfrelg, Wash
	//

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	